



LACDMH Service Area 7 Administration Quality Improvement / Quality Assurance Committee

January 15, 2019 2:00 to 4:00 p.m.

1. Welcome/Introductions Caesar Moreno, LCSW

2. Review of December 2018 minutes Caesar Moreno, LCSW

3. Announcements Greg Tchakmakjian Ph.D.

4. Quality Improvement: 2:00 to 3:00 pm

- a. Compliance, Privacy and Audit Services: Policy Updates
- b. Consumer Participation in SA QIC (Stipend)
- c. Cultural Competency Updates
 - i. Cultural Competence Organizational Assessment
- d. QI Division Updates:
 - i. Feedback on potential clinical PIP ideas
 - ii. EQRO Draft Report

5. Quality Assurance: 3:00 pm to 4:00 pm

a. Medi-Cal Certification Updates

Joel Solis, RN

- b. Training and Operations
 - i. Schedule of Trainings and Presentations
 - ii. Annual QA Report and Written QA Process form for LE's
 - iii. Newly posted documents
 - iv. QA Knowledge Assessment
- c. Policy and Technical Development
 - i. Access to Care/Network Adequacy Contact List:
 - 1. Howard Washington: hwashington@dmh.lacounty.gov
 - ii. DHCS State System Review Chart Review Portion Updates
 - iii. Katie A Subclass Verification Form (**DRAFT**)
 - iv. Psychological Testing Procedure Code Update

Next Quality Improvement/Quality Assurance Meeting

February 19, 2019 –Gus Velasco Center, Santa Fe Springs

Greg Tchakmakjian Ph.D Chair	(213) 639-6733	gtchakmakjian@dmh.lacounty.gov
Caesar Moreno, LCSW - Co Chair	(562) 692-0383 x 236	cmoreno@thewholechild.info
Susan Lam, LMFT, PPSC – Co Chair	(323) 526-4016 x 217	susanl@almafamilyservices.org

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH SERVICE AREA 7 QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes

Type of Meeting:	SA 7 QIC	Date:	1/15/2019	
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:05 PM	
Chairpersons:	Greg Tchakmakjian, Chair Rosa Diaz, Co-Chair (Interim) Caesar Moreno, Co-Chair	End Time:	3:50 PM	
Members Present:	Angela Trenado, Laura Solis, Donetta Jackson, Hsiang-Ling Hsu, Amarri Simms, Cara Jensen, Gwen Lo, Wendy Mielke, Erika Frausto, Nicole Santamaria, Jennifer Mitzner, Arlene Contreras, Irene Juaregui, Cinthia Sanchez, Priscilla Gonzalez, Javier Nevarez, Yolanda Hernandez-Lara, Cynthia Juarez, Linda Garcia, Gloria Guevara, Quenia Gonzalez, Anthony Thai, Michelle Lopez-Munroe, Kenneth Goff, Beth Reisler, Joel Solis, Elizabeth Hernandez, Daiya Cunnane, Loan Le, Analia Barroso, Patricia Lopez			
Agenda Item	Discussion and Findings		Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome/Introductions Chair Updates	Meeting was called to order at 2:05PM		Introductions were made and new members welcomed,	Caesar Moreno
Review & Approval of Minutes	Minutes from December, 2018 were reviewe	,	Minutes were approved by: Wendy Mielke Cara Jensen	Caesar Moreno
Quality Improvement	If a client would like to participate or attend DMH sponsored meetings, he/she can ge attending. Please refer to the list of consumers can attend and obtain stipend attendance is want the consumer to go be community so share what DMH services SAAC and QIC in every SPA area – consumer to SPA specific to their residence. That is will get reimbursed. Orientations provided per meeting (3 meetings per month max). Engagement opportunities, Speaker's Burea	that a stipend for meetings that d. Purpose of back out to the are provided. The need to go sonly way they do 2 x year. \$25 Outreach and	Handouts provided	Greg Tchakmakjian

Quality Improvement (continued)	A comment was made by a provider noting that it would be good to identify if a consumer was present at meeting so terms and policies can be better explained.		
	Cultural Competency		
	Cultural Competence Organizational Assessment		O Tabalana
	Cultural Competency Unit conducted an organizational assessment with input from Consumers. Outcomes from assessment included: when developing online training for staff, use live models rather than animation and ensure that presentation can be presented in threshold languages of community. Deaf and hard of hearing committee is assisting with the revision of the hearing impaired mental health access policy. There were recommendations made to move away from "impairment" language. Call it hard of hearing (call it what it is — deaf and hard of hearing community rather than hearing impaired). Also, there was recommendation to develop a workgroup that will focus on intergenerational trauma within varied cultures. (2019 goal)		Greg Tchakmajian
	additional cultural sensitivity as he observed that there were limited programs addressing Black History Month whereas other cultural holidays were acknowledged.		
	Policy Updates		
	Handout was provided with policy updates.	Handout was provided to group.	
	QI Division – Other Updates		
	Feedback on potential clinical PIP ideas		Daiya Cunnane
	QI Division is in process of collecting potential ideas for performance improvement projects. It was asked that collaborative/rproviders contribute to this process by writing down something, notes or trends that are being discussed at meetings. PIP can be clinical based with goal of supporting community and client goals, as well as ideas related to improving client functioning and clinical		

outcomes.

	I		
	EQRO Draft Report An email was sent out noting EQRO findings/report: EQRO was conducted in SPA 1 and SPA 2 this last review.	Handout was provided to group.	Daiya Cunnane
	Findings included: 1) Increasing rates for accessing appointments within the 5 date window. Will no longer have this as clinical PIP due to overall increases in rates. 2) Last year EQRO gave 5 recommendations. This year they provided 28. 3) The percentage of beneficiaries (high cost) has increased from 2.32% to 2.68% 4) The percentage of inpatient admits has increased by 7% 5) Consumer focus groups noted challenges including gaining access to electronic health records and challenges to changing providers (felt interrogated) 6) Inability of crisis team and PET team to provide immediate or timely assistance to avoid contacting law enforcement 7) None of the participants knew of warm line (FSP) and providers not notifying clients of access to services 8) provide supplemental services after the care has ended with periodic check ins 9) Few programs or partnerships that addressed co-occurring disorder treatment		
	Consumer Perception Surveys Consumer perception survey data: old data (Spring 2017) versus new data (Fall 2017) Some average numbers decreased – could be related to sample size, was there anything going on with the provider that caused changes, were positive outcomes being seen (improved functioning). Can get ideas for clinical PIP projects based on data and findings. Also , there was a general decrease in the number of surveys collected.	Handout provided.	
Quality Assurance	Medi-Cal Certification		Caesar Moreno
	No updates at this time.		

Quality Assurance (continued)	Training and Operations	Handout provided to the group.	Caesar Moreno
continuea)	Handout provided noting training and available dates.		
	QA Division - Other Updates		
	Annual QA Report and Written QA Process form for LE's		
	Annual QA report from legal entities is due January 31 st with the written QA process form. If you have questions, please contact the QA representatives. The QA forms are available online and in fillable form.		
	The QA contact list by SPA can also be located online.		
	QA Knowledge Assessment		
	A QA knowledge assessment is being proposed. Mark Borkheim will come to each SPA QIC meeting and present to providers. At that time, he will get feedback on the proposal and process. The feedback will determine the direction that the department will go with the survey.		
	Access to Care/Network Adequacy Contact List:		
	DMH will begin to increase their level of monitoring of the network adequacy system regarding updates to the system. Some agencies did not update their information by the June 22 nd deadline. Those agencies will be contacted about submitting updates.		
	LE's should be getting QA items directly. QA designated contacts for each legal entity should be on the the main contact list If you are unsure if you are on the list, please contact Howard Washington at hwashington@dmh.lacounty.gov		

Quality Assurance (continued)	SRL Log Request	Caesar Moreno
(continueu)	Thank you to everyone who sent them in. Almost 7000 submitted. It was reminded that agencies should be submitting SRL through Web Services. Contact Howard Washington if do not know if the vendor should be doing this.	
	DHCS State System Review - Chart Review Portion Updates	
	Based on the DMH chart review in preparation for sending the documenation up to State for the review, items were noted and discussed:	
	1) If know that a chart is pulled for an audit, it is not adivsed to make any changes during this time. Agencies encouraged to put processes in place so no one touches it. This is with regard to previous claims. Example: someone had a note in draft. Chart gets pulled for audit. The note is updated with the date after the fact. This raises questions during an audit. 2) Signatures – agencies did not include the submission	
	dates which speaks to timeliness. Make sure your EHR systems have that report in place. Report needs to show when it was finalized. Noticed co-signature issue – someone signing twice, co-signatures from person who are not involved or were not licensed themselves. Why are some co-signing the note? New policy will show the	
	necessary note timelines. 3) Diagnoses: some diagnoses were not clinically supported based on DSM V criteria. Is the diagnosis substantiated. Selective mutism popular found. Some kids diagnosed with "heavy diagnoses". Looking at the clinical formulation where some is not justified.	
	4) Assessments looking like just a fact gathering and not coming up with the comprehensive manner piece. Example: does client have a job? Client does not have a job. But why does he not have a job? What are factors contributing to that? 5) Limited cohesion between the assessment, treatment	
	plan and progress note. No connection between the 3	

Quality Assurance (continued)	levels. Progress note – how is what you just did tie back to the assessment and treatment plan. Made movement that previous missing things there. Moving next step to integration.		Caesar Moreno
	Katie A Subclass Verification Form (DRAFT)		
	The form has been updated but not released for final use. Reminder to only fill out for EPSDT clients that have active DCFS cases. The form has been simplified.		
	Psychological Testing Procedure Code Update		
	Psychological testing codes are still in process of being changed which means agencies still need to hold psychological testing claims. DMH still awating clarification of codes from the State.		
Adjournment	Meeting was adjourned at 3:50 pm		
	Respectfully Submitted,	Next Meeting:	
	Caesar Moreno, LCSW SPA 7 QIC Chair	February 19, 2019 Gus Velasco Neighborhood Center, Santa Fe Springs	